### **COMMUNITY CENTER PHONE NUMBERS-**

District A

Optimist 870-2880 Lake Lynn 870-2911

**District B** 

Green Rd. 872-4140 Lions 831-6995

Millbrook 872-4156

District C

Jaycee 831-6833 Method 831-6066

Laurel Hills 420-2383

District D

Halifax 831-6378 Tarboro Rd. 831-6505

Walnut Terrace 831-6155 Worthdale 250-2730

Biltmore Hills 831-6895 Campbell 250-2757

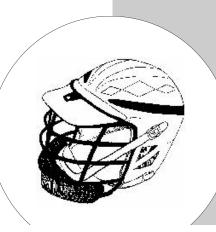
Carolina Pines 831-6435 Chavis 831-6989

Roberts 831-6830

I hereby give permission for my child to participate in the youth sports program sponsored by the City of Raleigh Parks and Recreation Department. I understand that there are risks involved with participation in youth sports programs, and hereby assume all responsibility for all risks and hazards incidental to this program and transportation to and from this program, and do so further release, absolve, indemnify, and hold harmless the City of Raleigh, its administrators, officials, supervisors, sponsors, volunteers and all others involved with the program. (Picture may be taken while participating in city activities for publicity. If you do not concur, please contact the Parks and Recreation Department.

SIGNATURE:		
DATE:	_	

Raleigh Parks and Recreation 2401 Wade Avenue Raleigh, NC 27607



Youth Lacrosse Registration Feb. 5-18, 2007 parks.raleighnc.gov



The purpose of this organization is to provide the opportunity to inspire youth to practice ideals of fitness, citizenship and character using the discipline of organized sports. We will strive to teach spirit, and the competitive will to win, and the values of team play and sportsmanship. We will also impart to the game elements of safety and intelligent supervision, with keeping the welfare of the youth first and foremost at all times.

\*Participants are required to sign up at any staffed community center within the City of Raleigh. If you need assistance please call 831-6836. All returning players must register annually.

## **LEAGUES AND AGES**

**Boys** 

3rd-4th Grades 7th-8th Grades

5th-6th Grades

Girls

3rd-5th Grades

6th-8th Grades

9th-12th Grades

# SPECIAL REQUESTS—

\*Special requests for player placement on a specific team cannot be accommodated.

## **FEES-ALL AGES**

Raleigh Residents \$42

Non-Resident \$54

## \*Facilities--

All practices and games are held at City of Raleigh Park and Recreation Facilities.

### **VOLUNTEER**

## COACHES —

Volunteer coaches work with teams under the direction of the Raleigh Parks and Recreation Department. Coaches are certified through the American Sports Education Program.

Payment must be made by check or money order made payable to City of Raleigh. —No refunds will be given after player placement on a team.

### PARENT CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.

I will place the emotional and physical well being of my child ahead of my personal desire to win. I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child, in order to encourage a positive experience.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all events.

I will remember that the game is for youth—not adults. I will do my best to make sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability. I have read and understood the Parent Code of Ethics.

SIGNATURE	
DATE	

"I would like to make a donation to support a child's participation in Raleigh Parks & Recreation Programs." FEE

League Age	Verified by:
Геат:	League:
City Insurance:_	
Non-Resident:	
Receipt #:	Fee Paid:

# City of Raleigh Parks and Recreation Youth Sports Registration 2007

Players Name:_	
Sex: M or F	Birthdate:/
Parent/Guardia	n Name:
i aicii/Guaiuiai	i ivanic
A 11	
Address:	
Zip Code:	
Email:	
Home Phone:	
Work Phone #1	(Specify Name):
Work Phone #2	(Specify Name):
Check here	if returning to same age group
Previous Team:	Center:
School Child A	Center:ttends:
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Emergency Cor	ntact:
Phone #:	
I ist Any Media	al Problems Or Allergies:
List Ally Medic	ai Flobienis Of Anergies
Boys	
	5th-6th7th-8th
<u>Girls</u>	
3rd-5th	6th-8th 9th-12th
	- · · · · · · · · · · · · · · · · · · ·
Would you o	or your spouse be interested in
	n your spouse be interested in
coaching?	
YES	NO
<b>Insurance Stat</b>	ement: All players must have insurance
	ating in tryouts, practices or games. My
	by
Policy #	
	with the Americans with Disabilities Act,
	eigh Parks and Recreation Department will
	de reasonable accommodation when re-
	nce. List any special needs, which will
require accomm	lodation.

-Players are allowed to play on one team in each sport per season. Is your child participating in the above registered sport at another center? YES NO **TURN OVER**